Name in Full

Certificate of Death

Hannah Byrd

Town: Salisbury County: Wicomico

Died at Salisbury Wicomico MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 June 10 | Age Don't Know | | Laborer

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living Don't Know

Husband / Wife of Richard

Father's Name Don't Know

Mother's Name Don't Know

Cause of Death: Primary Paralysis 44 How long sick 5 years

Immediate Coma

~~Accident, Suicide, Homicide~~

Reported by F. M. Plemons, M. D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEB68

Neme in Full

Cartificate of Death

Priscilla Carrol

Dled et Town Allen County Wicomico MARYLAND

Deta 1899 Month June Day 13th | Age Y. 40 M. D. | Native of Md | Occupetion —

~~Male~~ Femele ~~White~~ Colored Married ~~Single~~ Widow Widower Divorced Number of children living 1

H~~[illegible]~~ of Wifa Alexander Carrol

Father's Neme Elbert Jones Mother's Nama Anna Jones

Cause of Death Primary Consumption How long sick Second month

Immediate 22a OVER Accident, Suicide, Homicida

Reported by E. A. Denson Undertaker

Address Whaylad Md OVER

Must be signed by physician, if eny in attendance, otherwise by coroner, undartekar or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

William Alfred Davis

Died at Town Pittsville County Wicomico Co. MARYLAND

Date 1899 Month June Day 15th | Age Y. M. D. 20 mos | Native of Wicomico Co. | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Minos A. Davis

Mother's Name Naomi C. Davis

Cause of Death

Primary Whooping Cough

How long sick two weeks

Immediate Inflammation with Congestion of the lungs

Accident, Suicide, Homicide

Reported by G. W. Freeny

Address Pittsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Levin H. Graham

Certificate of Death

Died at Town Mardela Springs County Wicomico Co MARYLAND

Date 1899 Month June Day 2 | Age Y. 72 M. D. | Native of Md | Occupation farmer

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife Ellen Graham

Father's Name | Mother's Name

Cause of Death: Primary | Immediate Cancer

How long sick 3 yrs.

Accident, Suicide, Homicide

Reported by C. G. Cooper Wicomico Co.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. L. G. Wilson

of Yardela Springs

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Mrs. Kate Haley

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 189 9 Month 6 Day 21 Age Y. 70 M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

~~Husband~~ Wife of Irving Haley

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Salisbury Md. June 24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76868

Name in Full — Certificate of Death

Twins Hastings No name

Died at Town: West Salisbury County: Wicomico MARYLAND

Date 1899 Month: June Day: 22 | Age Y. M. D.: 6 hours | Native of: Wicomico | Occupation: —

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name: Monitor Hastings

Mother's Name: Mary E. Hastings

Cause of Death — Primary: Premature birth

How long sick: —

Immediate: Heart failure

~~Accident, Suicide, Homicide~~

Reported by: Louis Williams M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Lizzie Hastings

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month June Day 12 Age Y. 37 M. D. Native of Maryland Occupation Dressmaker

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel Hastings Mother's Name Margaret Hastings

Cause of Death Primary Phthisis Pulmonalis How long sick 7 years

Immediate Heart failure 22a ~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full Isaac H. Parsons. Certificate of Death

Died at Town Parsonsburg County Wicomico MARYLAND

Date 189 9 Month June Day 16 | Age Y. 80 M. 1 D. 17 | Native of Anglo Saxon | Occupation Black Smith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Six

Husband ~~Wife~~ of Laura Parsons formerly Laura Collins

Father's Name Harford Parsons Mother's Name Mary F Briddle

Cause of Death: Primary chronic ulceration bowels — How long sick Ten days

Immediate Stricture in the bowels closed up — ~~Accident, Suicide, Homicide~~

Reported by Dr. Geo. H. Smith

Address Wicomico Co Parsonsburg Md

Filed 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full — Phippin

Certificate of Death

Died at Town: West Salisbury — County: Wicomico — MARYLAND

Date 1899: Month June, Day 25 — Age: Y 7, M., D. — Native of: Wicomico — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living ~~—~~

Husband / Wife of

Father's Name: John Phippin — Mother's Name: Mrs. Phippin

Cause of Death — Primary: Marasmus — How long sick: 2 months

Immediate: Heart failure — ~~Accident~~ Suicide, Homicide

Reported by: Louis W. Morris M.D.

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Cpt. Wm T. Polk

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Jan Day 25 Age Y. 66 M. 3 D. 24 Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Elizabeth L. Polk

Father's Name John Polk Mother's Name Mary Melson

Cause of Death Primary Brights of Kidney 97 How long sick Don't Know

Immediate Heart ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. W. Todd

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Certificate of Death

Elizabeth Richards

Died at Town: Salisbury County: Wicomico MARYLAND

Date 189 9 Month: June Day: 20 | Age Y.: 3 M.: 4 D.: | Native of: Maryland | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Infant

Father's Name: Harry Richards | Mother's Name: Nettie Richards

Cause of Death: Primary: Marasmus | How long sick:

Immediate | Accident, Suicide, Homicide

Reported by: S. M. Simmons M.D.

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name in Full Mrs. Roberts

Certificate of Death

Died at Town Bivalve County Wicomico MARYLAND

Date 189 4 Month 6 Day 17 Age Y. 60 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of James Roberts

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier Salisbury June 24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full — Certificate of Death

Lee Truitt

Died at — Town: Athol — County: Wicomico Co. — MARYLAND

Date 189 9 — Month: June — Day: 1st — Age: Y. 2 M. yrs D. — Native of: Md — Occupation: ~~Farmer~~

Male ~~Female~~ — White ~~Colored~~ — Married, Single — Widow, Widower — Divorced — Number of children living

Husband of Wife

Father's Name: Joseph Truitt — Mother's Name: Maggie Truitt

Cause of Death — Primary: — How long sick: 6 weeks

Immediate: Stomach trouble — Accident, Suicide, Homicide

Reported by: A. G. Cooper

Address: Mardela Spgs. Wicomico Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. L. H. Wilson

of Mardela Springs

Information contained in this certificate r

ceived from Dr L. H. Wilson

of Mardela Spgs. Md.

Name in Full Sam Ward

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month June Day 1 Age Y. 25? M. D. Native of Md? Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living ———

Husband ~~Wife~~ of Martha Reid

Father's Name Don't Know Mother's Name Don't Know

Cause of Death { Primary Typho Pneumonia } How long sick 10 days

{ Immediate Apnoea }

~~Accident, Suicide, Homicide~~

Reported by U.S. H. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55963